

Registration District No. 104

Primary Registration District No. 117

Registrar's No. 1451

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Webster Groves  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7 Clydehurst  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether  
In this community  
years, months or days)

8. (a) PRINT FULL NAME Kathryn C. Schrader

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Schrader 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. 8, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 5 29 hr. min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER  
12. Name Fred Von Behran  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Minnie Astroth  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Minnette Christman

(b) Address 7 Clydehurst

17. (a) Burial (b) Date thereof 7-10-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) JUL 10 1941 (b) J.R. Meyer M.D. (Registrar's signature)  
(Data received local registrar) (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.  
(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7 Clydehurst  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7  
year 1941 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from August 20  
1940, to July 7, 1941;  
that I last saw her alive on July 7, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death

Fracture  
Due to general carcinoma

Due to

Other conditions  
(Include pregnancy within 3 months of death)  
Date of operation: Aug. 26, 1940

Major findings: Carcinoma of left  
Of operations: obscure, involuntarily  
Of autopsy: retropharynx at  
vertical glaucoma

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature J.R. Meyer M.D. (M. D. or other) \_\_\_\_\_  
Address 508 So. Grand Date signed 7/9/41

Duration

1 1/2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*J. A. Burgess*

Licensed Embalmer No. 4029

P. O. Address Maplewood

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**